

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-17-03.

I. DISPUTE

Whether there should be reimbursement for work hardening program rendered from 10-3-02 through 11-1-02.

II. FINDINGS & RATIONALE

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*. In addition, services denied with “C” will also be denied based upon the *Medical Fee Guideline*.

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|--------------------------------|-----------|----------|--------|-----------------|--|---------------------|--|
| 10-3-02 10-4-02 10-10-02 | 97545WHAP | \$128.00 | \$0.00 | No EOB | \$64.00 / hr | Medicine GR (II)(E) | Work hardening reports support services billed; therefore, reimbursement of 3 dates X \$128.00 = \$384.00. |
| 10-3-02 10-4-02 10-10-02 | 97546WHAP | \$320.00 | \$0.00 | No EOB | \$64.00 / hr | | Work hardening reports support services billed; therefore, reimbursement of 3 dates X \$320.00 = \$960.00. |
| 11-1-02 | 97545WHAP | \$128.00 | \$0.00 | C | \$64.00 / hr | | Work hardening reports support services billed; therefore, reimbursement of \$128.00 is recommended. |
| 11-1-02 | 97546WHAP | \$320.00 | \$0.00 | C | \$64.00 / hr | | Work hardening reports support services billed; therefore, reimbursement of \$320.00 is recommended. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of \$1792.00 |

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97545WHAP and 97546WHAP in the amount of **\$1792.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1792.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 29th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division